### **Table of Contents**

**State/Territory Name: Delaware** 

State Plan Amendment (SPA) #: 13-0007-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



### Region III/Division of Medicaid and Children's Health Operations

SWIFT #110520134017

NOV 15 2013

Stephen Groff, Director Division of Medicaid & Medical Assistance Department of Health & Social Services 1901 DuPont Highway New Castle, DE 19720

Dear Mr. Groff:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Delaware's State Plan Amendment (SPA) 13-0007MM, which was submitted to CMS on September 11, 2013. SPA13-0007MM incorporates the MAGI-based income methodologies and designates the income options the State is electing in 2014, in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

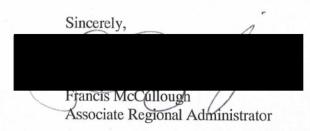
Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of Delaware's approved State Plan:

S10, Pages S10-1 through S10-2

Notwithstanding any other provisions of the Delaware Medicaid State Plan, the financial eligibility methodologies described in SPA 13-0007MM apply to all MAGI-based eligibility groups covered under Delaware's State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

This letter authorizes the approval of the enclosed Medicaid State Plan Eligibility Summary Page (CMS 179), and the approved SPA pages.

If you have any questions concerning this letter, please contact Kia Banton at 215-861-4252.



**Enclosures** 

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

	:: ansmittal Number (TN) in th	aware e format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits mber with leading zeros. The dashes must also be entered.	s oj
DE-13-0007		<u> </u>	
Proposed Effective I	<b>D</b> ate		
01/01/2014	(mm/dd/yyyy)		
Federal Statute/Regi	ılation Citation		
Patient Protection	on and Affordable Care A	ct (Public Law 111-148); 42 CFR §§ 431, 435; and 45 CFR § 155	
Federal Budget Imp	act		
	Federal Fiscal Year	Amount	
First Year	2014	\$ 12237055.00	
Second Year	2015	\$ 27510882.00	
Governor's Office R		me Methodologies State Plan Amendment	
	ts of Governor's office 1	received	
Describe:			*
			w
Other, as Describe:	received within 45 days specified 's Comments Under Sepa		
Signature of State A	gency Official		
Submitted By:		Sharon Summers	
Last Revision Date:		Oct 21, 2013	
Submit Date:		Sep 11, 2013	



## **Medicaid Eligibility**

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

	1
IAGI-Based Income Methodologies	S10

1902(e)(14) 42 CFR 435.603

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

w p S
○ The pregnant woman is counted just as herself.
The pregnant woman is counted as herself, plus one.
• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and

family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

Current monthly household income and family size

O Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

Include a prorated portion of a reasonably predictable increase in future income and/or family size.

Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

○Yes • No



# **Medicaid Eligibility**

■ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN# DE 13-0007MM Approved: 10/25/2014 Effective: 01/01/204